

REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states that do not provide verification through NURSUS. Complete the form and mail it to any state board in which you are requesting official license verification be sent to the Montana Board of Nursing. You may make as many copies of this form as you wish. Be advised that some boards require a fee for this service. It is recommended you contact the boards prior to mailing in this form to see if you need to include payment. See www.ncsbn.org to find contact information for each board jurisdiction.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Nursing in the State of Montana and the Nursing Board requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

Montana Board of Nursing
PO Box 200513
Helena, MT 59620-0513
Or
Email at: unitb@mt.gov

Your prompt response is appreciated.

Name (Please Print) _____ Signature _____

Address: _____
Street or PO Box #

City

State

Zip

My License Number from your State is: _____ License Type: _____
